MILITARY WORKING DOG ADOPTION APPLICATION

WEBSITE: http://www.lackland.af.mil/units/341stmwd/index.asp

COMMERICIAL PHONE NUMBER: 210-671-3125

DSN PHONE NUMBER: 473-3125

<u>Please save this document to your computer before completing</u>. Please answer all questions completely. When finished, attach the saved file and email to <u>mwd.adoptions@us.af.mil</u>

Date:				
Name (Last, First MI):				
Address: Street	City, State Zip			
E-mail:				
Primary Phone:	Alternate Phone:			
Applicant Information Age:	Applicant's Spouse Information Age:			
Occupation: Place of Employment:	Occupation: Place of Employment:			
Ages of Children in Household				
Ages of Adults in Household Other than Adopter and Spouse				

What type of dog are you interested in adopting (sex, breed mix, age, name)?

Describe your ideal dog:					
How many other pets do you currently own or have living in your home?					
Name of Pet	Type/Breed	Age	Gender	Spayed/Neutered	
			Male Female	Yes No	
		_	Male Female	Yes No	
			Male Female	Yes No	
			Male Female	Yes No	
			Male Female	Yes No	
Maximum number	of hours the dog will	stay alone?			
Where will the dog stay when no one is home?					
Where will the dog during the day?	stay		At night?		
•	stay when the family	y is out of			
	outside unattended a	nt any time? In	f		
Describe the area where you live (city, suburban, rural, yard size, etc.):					
Own home					
Do you have a fenced yard? Yes No No How high is lowest part of the fence?					
Describe your fencing and gates (type of material, etc.):					

If you do <u>not</u> have a fenced yard, how will you attend to your dog's exercise and toilet needs?				
If the dog you adopt is not yet housebroken, what	t method of house training do yo	ou plan to use?		
As part of our legal binding adoption agreement, y	our adopted dog MUST receive ve	eterinarian care		
Veterinarian Name:				
Address: Street	City, State	Zip		
E-mail:	Phone:			
Are your dogs on heartworm preventative? You agree to provide your adopted dog with mon and yearly vaccinations. You agree to provide appropriate medical care and dog.	thly heartworm preventatives	Yes No No		
1. Reference Name:				
Address: Street	City, State	Zip		
E-mail:	Phone:			
2. Reference Name:				
Address: Street	City, State	Zip		
E-mail:	Phone:			
How did you hear about the Military Working Do	og Adoption Program?			